



Commonwealth of Massachusetts
Department of Public Health, Office of Prescription Monitoring and Drug Control
99 Chauncy Street, Boston, MA 02111
Tel: 617-753-7310 Email: mapmp.dph@state.ma.us
MA ONLINE PMP RESIDENT ENROLLMENT FORM
(This form is for Resident Enrollment only)

DESIGNATED INSTITUTIONAL OFFICER (DIO) OR HOSPITAL PRIMARY ACCOUNT HOLDER INFORMATION

1. Practitioner Type: (Select one)

☐ Physician ☐ Dentist

2. Name: First Middle Last Suffix

3. Prescriber DEA:

4. Board Registration Number:

5. Business Tel:

6. CERTIFICATION BY REQUESTING DIO OR PRIMARY ACCOUNT HOLDER:

I delegate access authority and permission to the listed residents at the below listed facility.

I agree to act as the primary contact person for DPH on behalf of the hospital's intern and resident delegates. I understand that the hospital, as the Primary Account Holder, has responsibility, pursuant to 105 CMR 700.012(J), for intern and resident delegate's use of the MA Online Prescription Monitoring Program (PMP)

I hereby certify that the information on this application is true to the best of my knowledge. Signed under the pains and penalties of perjury.

Signature (no initials): _____ Date ____/____/____

RESIDENT FACILITY INFORMATION

1. Name:

2. DEA Number:

3. Business Address:

Practice or Facility Name (and Department if applicable):

Street:

City:

State:

ZIP:

4. Business Tel.:

5. Primary Contact:

Name:

Tele:

Email:

Please attach a list of all residents and their information to this form when submitting. The list must include the residents full name (First, MI, Last), Date of Birth, Massachusetts Medical Board License Number, and Board Classification (MD, DO, etc.).

Terms and Conditions for an Intern and Resident User of the Massachusetts Online Prescription Monitoring Program

By electing to become an Intern or Resident User of the Massachusetts Online Prescription Monitoring Program (MA Online PMP), you agree to abide by the requirements governing the Prescription Monitoring Program at 105 CMR 700.012 and any other applicable requirements, including, but not necessarily limited to:

1) You attest to the following:

- i. You have a professional work relationship with the health care professional who is the Hospital Primary Account Holder who will be supervising your use of patient prescription reports from the MA Online PMP.
- ii. You will not provide your login credentials (i.e., username, password, Personal Identification Number or any other security information) to anyone else.
- iii. You are responsible for promptly notifying the Drug Control Program of any changes to your enrollment information (e.g., changes to name, email address, license or registration number).
- iv. You are responsible for promptly notifying the Hospital Primary Account Holder and the Drug Control Program of any compromise of your login credentials.

2) You acknowledge that you understand the following:

- i. You are responsible for proper utilization of the MA Online PMP. This includes knowledge of and compliance with the proper use of the MA Online PMP and applicable state and federal laws governing confidentiality and security of personal/patient information, including, if applicable, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).
- ii. Your resident account is associated with the Hospital's MA Online PMP account.
- iii. When accessing patient prescription histories from the MA Online PMP on behalf of the Hospital, you are required to use your log-in credentials associated with that Primary Account Holder.
- iv. You must promptly notify the Department of any potential violation of confidentiality or use of the data in a manner contrary to laws, regulations or applicable professional standards.
- v. Usage of the MA Online PMP is recorded and the Drug Control Program may monitor your activity in the MA Online PMP. Your right to use the system may be revoked at any time at the discretion of the Department.
- vi. Data are being provided for use by the hospital at which you work for the purpose of safe prescribing and dispensing, including assessing or preventing the possibility of drug abuse or diversion.
- vii. The Department may revise these Terms and Conditions from time to time. You will be notified in writing of any change and your continued use of the MA Online PMP after such notice shall constitute your acceptance of the new Terms and Conditions.

MA Online PMP Intern or Resident Enrollment Form Instructions

There are two informational sections on this application. These instructions follow the numbered questions in each section sequentially. If you need additional guidance contact the Drug Control Program at 617-753-7310.

Incomplete forms will be returned to the facility requesting enrollment.

Practitioner Information for Hospital Primary Account Holder:

1. Check appropriate practitioner type
2. Print name
3. Provide Prescriber DEA number. This is the DEA number of the Designated Institutional Officer or Hospital Primary Account Holder
4. Fill in Board of Registration in Medicine number
5. Provide Contact information and business telephone number
6. Review Certification and sign.

Information for Resident Facility:

1. Print name of resident facility/hospital
2. Provide resident facility/hospital DEA Number
3. List resident facility/hospital address and business telephone
4. List of residents for hospital

FACT SHEET FOR DESIGNATED INSTITUTIONAL OFFICERS OR PRIMARY ACCOUNT HOLDERS AND RESIDENTS

In August 2013 statutory language was added to M.G.L Chapter 94C 24A to allow prescribers and dispensers, enrolled in the MA Online PMP, to have authorized support staff obtain patient prescription information from the MA Online PMP on their behalf. An individual with a delegate account can assist health care providers in a busy practice or pharmacy by performing the queries for individual patients and loading files to run a batch look-up. Interns and residents can obtain patient prescription information from the MA Online PMP on behalf of the hospital.

Prescription records are protected health information and proper use of the MA Online PMP is the responsibility of the intern or resident and the hospital for which they are querying the MA Online PMP. A Designated Institutional Officer or Hospital Primary Account Holder will have the right to request the audit records for their authorized interns and residents.

The Terms and Conditions for Interns or Residents can be accessed at:

<http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/online-pmp/online-pmp-resident-enrollment-packet.pdf>

For questions about status of an enrollment, email mapmp.dph@state.ma.us

For technical questions, email mapmp.dph@state.ma.us

For assistance with password assistance, call the VG at 1-800-421-0938

MA Online PMP Electronic Resident Data Submission Template Instructions

In an effort to expedite the on-boarding of resident information into the PMP, the OPMDc has agreed to receive electronically, a list of interns and residents for a facility via email.

The list must be an Excel spreadsheet and it must contain the following data label headings in the order in which they appear below.

Please note that all data fields are required and must be populated for each resident.

FIRST_NAME	MIDDLE	LAST_NAME	VG_PIN	MMDD	EMAIL	DEA_NO	DEA_SUFFIX	BRN	CLASS
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Data Label	Description
FIRST_NAME	First Name
MIDDLE	Middle Name
LAST_NAME	Last Name
VG_PIN	Personal Identification Number The format of this field is numeric <u>and is four digits only</u> (7539) Please use standard ten digits (0, 1, 2, 3, 4, 5, 6, 7, 8, 9) only Do not use alpha characters or keyboard characters/symbols This information is used to establish the account and as a reference to reset forgotten passwords
MMDD	This is Birth Month and Birth Day Example 0507 This information is used to establish the account and as a reference to reset forgotten password
EMAIL	Individual Email account May be facility issued or personal
DEA_NO	This is the Facility DEA number used to prescribe
DEA_SUFFIX	Resident specific number following the DEA number Example: AS1234567 - 1234
BRN	Massachusetts Board License Number
CLASS	Board Classification (MD, DO, DPM, PA, NP, etc.)

Once completed, please email the Designation Institutional Office or Hospital Primary Account Holder information form and Excel spreadsheet to Jonathan Mundy, at jonathan.mundy@massmail.state.ma.us